

BOARD OF REGISTERED NURSING

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FREQUENTLY ASKED QUESTIONS REGARDING PAIN MANAGEMENT

Introduction:

The BRN's Pain Management Policy was published in the Spring 1997 issue of The BRN Report. "Pain as the Fifth Vital Sign" was published in the Spring 2000 issue of The BRN Report. Copies of these documents are available on our Web site or by contacting the BRN. The BRN has since received many questions regarding the scope of RN practice in regards to pain management. The following are synopses of answers that have been provided to the public.

Is it within the scope of RN practice to implement prn (as needed) orders for pain medication when the physician authorizes a range of doses?

It is the position of the BRN that RNs have the expertise to assess and manage pain given a range of dosages and frequencies order by the physician. The RN will manage the pain based on the patient's self-report of pain and response to medications.

Range of dosages allows the RN to medicate the patient based on the individual patient's self-report and multiple variables such as the patient's activity level, planned treatments, and response to pain medication. The standard of care for RNs in pain management is that pain be managed to maintain as much of a homeostatic state as possible; a range of dosages gives the RN the authority and flexibility to achieve that goal. The physician has the option of writing dose ranges and the RN has the authority to manage patient's pain within the ordered range.

Is it within the RN scope of practice to administer placebos for management of pain?

As previously published in The BRN Report (Spring 1997), it is the BRN's position that administration of a placebo for pain management does not meet the BRN's intent of informed consent as stated within the BRN's Pain Management Policy. Placebos should only be given when administered as part of an approved research study where all patients are aware they may be receiving a placebo (written informed consent). Use of placebos would breach the basic premise of pain management, which is that patients who report pain are entitled to the best possible treatment reflecting current research on methods that are safe and effective.

Must an RN assess the patient's pain every time the nurse takes a blood pressure?

No, the law does not require a pain rating when the RN is taking only the patient's blood pressure. It is required that all California health care staff record pain assessment each time a complete set of vital signs are recorded for each patient ("pain as the fifth vital sign"). If the requirements of this law. Pain assessment is based on patient self-report and patients can be asleep and still experience significant pain; appropriate charting would be to write "asleep" for the pain rating.

Registered nurses are required to monitor all five vital signs and take appropriate action based on deviations from normal. In other words, a competent registered nurse intervenes when the patient's pain is not being managed according to the agreed upon comfort level.

In any facility where the patient has a condition where pain is an issue, the RN should consider whether to establish an individual schedule for recording pain assessment more frequently than the routine vital signs schedule.

RNs should remember that *prn* means “as needed according to nurses judgement.” In regards to pain medications that are ordered *prn*, RNs can choose to give the medication routinely, around-the-clock to keep the patient at an agreed upon comfort level. In many acute pain situations, such as post-operative or post-trauma, medications ordered *q4h prn* (every four hours as needed), for example, should be given (or at least offered) *q4h* (every four hours) routinely for the first 24-48 hours to keep ahead of the patient’s pain. Research shows that when patient’s acute pain is managed around-the-clock and the pain level is kept from becoming severe, the total amount of opioid needed is reduced.

Is it within the scope of RN practice in the emergency room to manage extremity pain under standardized procedures?

In response to this specific question and the standardized procedure that was submitted, the Board of Registered Nursing stated *A registered nurse with experience in the emergency room, under standardized procedures, can safely implement an Extremity Injury Pain Management Guideline.* In this situation, emergency room nurses were authorized to administer medications specific to the level of pain reported by the patient, and the authorized medications were consistent with current standards of practice. The BRN’s response to this question included the RNs responsibility to assess, evaluate and document both the pain assessment and the patient’s response to the pain treatment.

Is it within the RN scope of practice to accept pain management orders written by a nurse anesthetist?

Nurse anesthetist orders for the perioperative period have always been followed by RNs. In response to the establishment of pain management services in many hospitals, the nurse anesthetist may be writing orders for pain management for patients on acute and sub-acute units. It is the position of the BRN that as long as the nurse anesthetist is functioning in collaboration with physicians, and an approved standardized procedure/ protocol is in place, the RN is legally authorized to implement pain management orders written by the nurse anesthetist.